Division of Health Care Finance and Policy

Fiscal Year 1998

Inpatient Hospital Discharge Database Documentation Manual

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General Documentation
FY1998 Inpatient Hospital Discharge Database

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General Documentation
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INTRODUCTION

This documentation manual consists of two sections:

I. GENERAL DOCUMENTATION
II. TECHNICAL DOCUMENTATION

The **General Documentation** for the Fiscal Year 1998 Hospital Case Mix & Charge Data Base includes background on database development and on the DRG Groupers included, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document includes hospital-reported discrepancies received in response to the data verification process. Also included are supplements listing the hospitals within the database and information on mergers, name changes, and hospital closures.

Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and provides a data file contents summary which describes hospital data that is included in the two files (i.e., accepted data file and a cautionary use file). In addition, revenue code mappings and alphabetical and numerical payer source lists are included.

For your reference, the **tape specifications** listed following this section provide the necessary information to enable the user to access files on the 3480 cartridges. Users purchasing the CD-ROM version of the case mix database should refer to the CD specifications. Users purchasing the case mix database on cartridge should refer to the tape specifications.

Users of this database should also be aware that certain regulatory changes to Regulation 114.1 CMR 17.00 were implemented as of October 1, 1997. As a result, certain necessary changes to the Record Layout documentation which accompanies this manual have been made.

Copies of ***Regulation 114.1 CM 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*** and ***Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data*** may be obtained by faxing a request to the Division.

TAPE SPECIFICATIONS

File 1:

DSN is RSC0C.FIPA0000.YEND98.V1.LEV_.ACCEPTED.DATA

1. 3480 Data Cartridge
2. Character Set is EBCDIC
3. Record length in bytes 2,051
4. Block length in bytes 24,612
5. Format is fixed block
6. Number of Records: 766,931

File 2:

DSN is RSC0C.FIPA0000.YEND98.V1.LEV_.CAUTION.DATA

1. 3480 Data Cartridge
2. Character Set is EBCDIC
3. Record length in bytes 2,051
4. Block length in bytes 24,612
5. Format is fixed block
6. Number of Records: 8,541

CD SPECIFICATIONS

Hardware Requirements

- CD ROM Device
- Hard Drive with 400 MB of space available for each quarter of data.

File Naming Conventions

The CD contains self-extracting compressed files using the following file-naming convention.

XxxxLxQx.EXE – file name

12345678	- positions	1 =	I – product
**			F - Final/Full Year Product
		2 =	A = Accepted Data
			C = Cautionary Data
		3,4 =	Fiscal Year of Discharge Data
		5 =	L
		6 =	Level Number Values (1-6)
		7 =	Q
		8 =	Quarter Number Values (1-4)

** If position 2 contains “C”, then positions 7 & 8 are omitted.

Example of the File Name

FA98L1Q2.EXE -Final Accepted 1998 level 1 data for the 2nd quarter

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Development of the FY1998 Database
3. DRG Methodology

PART A. BACKGROUND INFORMATION

1. General Documentation Overview

The General Documentation consists of six parts.

PART A. BACKGROUND INFORMATION: Provides information on the development of the fiscal year 1998 hospital case mix and charge database and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in ***114.1 CMR 17.00 Requirement for the Submission of Case Mix and Charge Data*** (referred to as the 17.00 Regulation); some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP requires hospitals to verify their data. A standard ***Verification Response Form*** is issued by the Division and is used by each hospital to certify the correctness of the data as it appears on their ***FY98 Final Casemix Verification Report***, or to certify that the hospital found discrepancies in the data. If a hospital finds data discrepancies, then the DHCFP requests the hospital submit written corrections that provide an accurate profile of the hospital's fiscal year 1998 discharges. Part C of the documentation displays hospital response sheets.

PART C. HOSPITAL RESPONSES: Details hospitals' responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts.

1. Summary of Hospitals' FY 1998 Final Case Mix Verification Report Responses
2. Summary of Reported Discrepancies by Category.
3. Data Discrepancies and Correction Responses Received from Hospitals
4. Additional Information

PART D. CAUTIONARY USE DATA FILE: Lists hospitals for which DHCFP has not received four (4) quarters of acceptable data, as specified under Regulation 114.1 CMR 17.00.

For this FY1998 report, two hospitals did not meet the requirement of the 17.00 Regulation.

PART E. HOSPITALS WITH NO DATA SUBMISSION: Lists those hospitals which failed to provide any fiscal year 1998 data to the DHCFP.

PART F. SUPPLEMENTS: Provides Supplements I through IV listed in the Table of Contents.

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

All Massachusetts hospitals are required to file data which describes the population of their patients, or their case mix data, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Tapes must be filed for the following time periods:

QUARTER 1 – OCTOBER 1, 1997 thru DECEMBER 31, 1997

QUARTER 2 – JANUARY 1, 1998 thru MARCH 31, 1998

QUARTER 3 – APRIL 1, 1998 thru JUNE 30, 1998

QUARTER 4 – JULY1, 1998 thru SEPTEMBER 30, 1998

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 1998 DATABASE

The Division of Health Care Finance & Policy continued its efforts this year to improve the processing and accuracy of the case mix data during FY 1998. Division staff involved with the processing and management of the database met frequently to discuss and, in most cases, resolve the host of issues which inevitably arise. The Division also continued the practice of providing hospitals with an opportunity to verify their own submitted data, at both the mid-year, and year-end points in time.

Six Fiscal Year 1998 database levels have been created to correspond to the levels set forth in Regulation 114.5 CMR 2.00. Higher levels contain an increasing number of the data elements which are defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements are medical record number, billing number, claim certificate number (Medicaid Recipient Identification Number), unique health identification number (UHIN), date of admission, date of discharge, date of birth, date(s) of surgery, and unique physician number (UPN). A description of these levels follows:

LEVEL I	Contains all case mix data elements, except the deniable data elements.
LEVEL II	Contains all Level I data elements, plus the UPN.
LEVEL III	Contains all Level I data elements, plus the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, an admission sequence number for each UHIN record, and a calculation of the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the case mix data including deniable data elements except the patient identifier component of the claim certificate number.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

All Patient DRG Groupers (Version 8.1 & Version 12.0) & All-Patient Refined DRG Grouper (Version 12.0)

Users should note that the New Jersey Version II Grouper was used to classify discharges into Diagnostic Related Groups (DRGs) prior to October 1991.

Beginning in October 1991, the DHCFP began using the All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in grouping methodology was made because the All-Patient DRG better represents the general population and provides improvements in areas such as newborns and the HIV population. Both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 grouper have been included on the fiscal year 1996 database. The purpose of Providing two groupers on the database is to offer a more current grouper, (AP-DRG 12.0) while allowing consistency for previously released data bases which contain the AP-V8.1. (Please note that hospitals were reviewed for verification using both the AP-V8.1 and V12.0 Groupers.)

The Version 8.1 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year 1997. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to the AP-DRG 8.1 grouper. The MRSC mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion is done internally for the purpose of DRG assignment and for reimbursement, and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospital.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRGG by inferring birth weight from the ICD-9 code is used as the birth weight option in both implementations of groupers V8.1 and V12.0.

DRGs and the Verification Report Process

The hospitals' profile of discharges, grouped by AP-DRG 8.1 and by the AP-DRG 12.0 is part of the verification report, and it is this grouped profile on which the hospitals commented. The Division urged hospitals to use the All-Patient-DRG Grouper with same system specifications as used by the DHCFP.

PART A. BACKGROUND INFORMATION

3. DRG GROUPERS

All Patient DRG Groupers (Version 8.1 & Version 12.0) & All-Patient Refined DRG Grouper (Version 12.0)

All Patient Refined Grouper (3M APR-DRG 12.0)

As of FY1997 year end, the All Patient Refined DRGs were added to the Hospital Case Mix & Charge Data Base. The All Patient Refined DRGs (3M APR-DRG 12.0) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each DRG. The addition of the four subclasses address patient differences relating to severity of illness and risk of mortality. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality. Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 127 – Congestive Heart Failure or APR-DRG 302 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

PART A. BACKGROUND INFORMATION
4. DRG GROUPERS
All Patient DRG Groupers (Version 8.1 & Version 12.0)
& All-Patient Refined DRG Grouper (Version 12.0)

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

The Fiscal Year 1998 Case Mix & Charge Data Base contains the **APR – DRG 12.0, the APR MDC 12.0, the severity subclass, and mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Division's record layout in the variable named **"APR – V12 Severity Level"** at position number 2050.[1] For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Division's record layout in the variable named **"APR-V12 Mortality Level"** at position number 2051.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG groupers included in this database. These are available upon request.

[1] Massachusetts specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in this data base.

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements
5. Special DHCFP Data Element Review

PART B. DATA

1. Data Quality Standards

Fiscal Year 1998 merged case mix and charge data was submitted 75 days after the close of each quarter. The data was then edited using the Integrated Data Demonstration (IDD) software, as modified by DHCFP. Required data elements and corresponding edits are specified in ***114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***.

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate specified in Regulation 114.1 CMR 17.00. The one percent error rate is based on the presence of Type A and Type B errors as follows:

- Type A: One error per discharge caused rejection of the discharge.
- Type B: Two errors per discharge caused rejection of the discharge.

If more than one percent of the discharges are rejected, then the entire tape submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see Supplement I for a listing of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met. Data for the hospitals which did not meet the one percent error rate is contained in the Cautionary Use File. (See Part D.)

Verification Report Process

The mid-year and year-end case mix and charge data Verification Project is intended to present hospitals with a profile of their individual data as retained by the Division. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the DHCFP. The Verification Report itself is a series of frequency reports covering selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA
1. Data Quality Standards

Hospitals have the opportunity to review their data twice a year. After a hospital has successfully submitted the first two quarters of data, an **Interim Verification Report** is produced for the hospital's review. Hospitals are strongly encouraged to review the interim report for inaccuracies and make corrections so that subsequent quarters of data will be accurate. At this point, hospitals are asked to certify the accuracy of their data by completing an **Interim Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

> **"A" Response**: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital's case mix profile.
>
> **"B" Response**: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any discrepancies exist, (i.e., a 'B' response), DHCFP requests that hospitals provide a written explanation of the discrepancies which will be included in this General Documentation Manual. At mid-year, hospitals can opt to provide a written explanation of any discrepancies found.

A **Final Verification Report** is produced after four (4) quarters of data have passed the required edits. At this point, hospitals are asked to verify data following the same procedure as described for the interim data.

PART B. DATA
2. General Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in ***114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***) should be noted.

Case Mix Data:
Case specific, discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data, such as expected payor, sex, race, and patient zip code.

Charge Data
The full, undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services
The service and their definitions as specified in the Commonwealth of Massachusetts **Hospital Uniform Reporting Manual** (HURM). [And as specified by the reporting codes and mapping scheme as listed in 114.1 CMR 17.06 (2) (c)]

Routine Services
The services and their definitions as specified in HURM s.3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical / surgical, obstetrics, and pediatrics.

Special Care Units
The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days
The count in days of a patient's absence, with physician approval, during a hospital stay without formal discharge and readmission to the facility.

PART B. DATA
3. General Data Caveats

The following general caveats stem from information gathered through conversations with members of the Division of Health Care Finance & Policy Case Mix Data Advisory Group, staff at the Massachusetts Hospital Association, staff at the Massachusetts Health Data Consortium (MHDC), and the numerous and various admitting, medical record, financial, administrative, and data processing personnel who call to comment upon the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and verification of patient supplied information before or at admission;
- Medical record coding, consistency, and completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance & Policy Tape;
- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data, is derived from patient discharge summaries which can be traced to information gathered upon admission of from information entered by admitting and attending physicians into the medical record. The quality of case mix data is dependent upon hospital data collection policies and coding practices of the medical staff, as well as the DRG optimizing software used by the hospital.

Charge Data

Issues to consider with the charge data: A few hospitals do not have the capacity to add late occurring charges to the Rate Setting Commission tape within the current timeframes for submitting data. In some hospitals, "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. One should note that charges are a reflection of hospital pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expended codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for "Discharged/Transferred to a Rehab Hospital". Prior to this quarter, these discharges would have been reported under the code "Discharged/transferred to a chronic or rehab hospital" which itself was changed to "Discharged/transferred to chronic hospital". If performing an examination of these codes across years, one will need to combine the "rehab" and "chronic" codes in the data beginning January 1, 1994.

PART B. DATA
4. Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in Regulation 114.1 CMR 17.00 and to give a sense of their reliability. Please note that this section reflects changes effective October 1, 1997 in the following areas:

Payer Codes, Source of Admission, Accommodation Codes, and Ancillary Revenue Codes.

A. Existing Data Elements

DPH Hospital ID Number
The Massachusetts Department of Public Health four digit number. (See Attachment IV.)

Patient Race
Due to misconceptions regarding the collection of race information, the Rate Setting Commission worked with the Massachusetts Commission Against Discrimination. The result was the mailing of a statement from the Massachusetts Commission Against Discrimination to all hospital administrators. This statement explained that asking for race information was voluntary and was not a form of discrimination.

The accuracy of the reporting of this data element for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

Leave of Absence (LOA) Days
Hospitals are required to report these days to the Commission if they are used. At present, the Commission is unable to verify the use of these days if they are not reported nor can the Commission verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Unique Health Identification Number (UHIN)
The patient's encrypted social security number.

Principal External Cause of Injury Code
The ICD-9 code which categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

Unique Physician Number (UPN)
The encrypted Massachusetts Board of Registration in Medicine license number for the attending and operating physician.

Payer Codes
In 1994, payer information was been expanded to include payer type and payer source. Payer type is the general payer category such as HMO, Commercial, or Worker's Compensation. Payer Source is the specific health care coverage plan such as Harvard Community Health Plan or Aetna Life Insurance.

Effective October 1, 1997 the payer type and payer source codes were further expanded and updated in Regulation 114.1 CMR 17.00 to reflect the current industry. Payer type now includes Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II.

Source of Admission
Three new sources were added in January 1994: ambulatory surgery, observation, and extramural birth (for newborns).

Source of admission codes were expanded, effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an "HMO Referral or Direct Health Plan Referral"). "Clinic referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". Emergency room transfer was further defined as "Outside Hospital Emergency Room Transfer" and "Walk-In/Self-Referral" was added because it is a familiar situation that occurs within hospitals.

Patient Disposition
Six new discharge/transfer categories were added in January 1994, and October 1997.

1) to another type of institution for inpatient care or referred for outpatient services to another institution;
2) to home under care of a Home IV Drug Therapy Provider;
3) to rehab hospital;
4) to rest home.
5) Code 50: Discharged to hospital (added 10/1/97)
6) Code 51: Discharged to Hospice Medical Facility (added for 10/1/97)

Accommodation and Ancillary Revenue Codes
These codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue Codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also effective for FY 1998, Ancillary Revenue Code 760 has been separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

B. DHCFP Calculated Fields

Admission Sequence Number
This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. (Please read the comments below.)

Days Between UHIN Stays
This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN, only, is used to make the determination that a patient has been readmitted. (Please read the comments below.)

The DHCFP has done some analyses of the UHIN data and in the process, has discovered problems with some of the reported data. For a few hospitals, no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in up to 83 admissions for one UHIN in one instance. In other cases the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2%-10%.

On average, the DHCFP found that 91% of the SSN's submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated and that recurring SSN's consistently encrypt to the same UHIN. Only valid SSN's are encrypted to a UHIN; invalid SSN's are set to "---------".

Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

E-Codes

Many hospitals and injury prevention professionals have expressed an interest in the quality of hospital E-Code reporting to the Division since it has a direct impact on injury prevention professionals' ability to carry out research, planning, and evaluation. State agencies such as the Department of Public Health (DPH) rely heavily on the E-Code Case Mix Data for statewide injury prevention activities. E-Codes, stating how and where the patient's injury occurred, are essential to ensure a total patient profile, thus allowing quality research and development of injury prevention programs in Massachusetts.

In FY1997, the Division accomplished review of hospital's reported Case Mix E-Code data in a joint effort with the Department of Public Health. As you know, the Division of Health Care Finance & Policy (DHCFP) required Case Mix Data reporting of the Principal External Cause of Injury code (E-Code) in January 1994. This review encompasses the first full fiscal year (FY95) of Case Mix data since the E-Code mandate was implemented. We are happy to share the results of this information with you.

It is truly noteworthy that within one year after the mandate went into effect, nearly all hospitals provided E-Codes in over 97% of hospitalizations where injury was the principal diagnosis. The statewide rates in 1995 were double the rate from 1993 (49%), the year prior to the E-Code mandate. The statewide E-Code rate for fiscal year 1995 was 97.6%. Because the basis of effective injury prevention is accurate data, we will look forward to hospitals attaining a statewide goal of 100% E-coding for all injuries in the future.

We thank hospitals and their staff for diligent efforts to report E-coded data.

Payer Source Codes

In FY 1997, the Division of Health Care Finance and Policy also accomplished a comprehensive study focusing on analysis of the source of payment reported in the hospital case mix data. The Division initiated this study in response to the strong interest of many hospitals and DHCFP Case Mix data users in receiving feedback on the quality

Payer Source Codes - ***Continued***

and reliability of the reported data for this newly added source of payment field. The source of payment was added to DHCFP Case Mix Data in 1994 expanding the level of payer detail captured from the general 'payer type' to the specific insurer plan. Accuracy for this study was measured by comparing the reported DHCFP Case Mix payer source data to the most current available claims information from participating insurers, including Fallon, Harvard, DMA (Medicaid).

Hospitals' diligent efforts concerning quality reporting of payer source information were evident. The Case Mix Payer Validation Project's findings demonstrated substantial accuracy and consistent precision in reporting of the case mix payer source for payers under study. Overall the reported case mix payer source data proved to be quite accurate.

The overwhelming majority of case mix payer source discharges for participating insurers were either precisely reported with the specific payer's exact payer source, or were not precise but were accurately identified with the specific payer. And only 2% (on average) could not be associated with the participating payers because they were too general. These 'general' payer sources were largely composed discharges reported using catch-all payer sources such as "other" or "Medicare HMO" versus the specific plan name.

Most of these cases that were not precise but were accurately identified entailed hospital's reporting the payer's most common plan or HMO instead of the actual plan or by using the Primary and Secondary Payer sources. For example, regular Fallon HMO was reported instead of Fallon's Senior Plan. And, Medicaid Managed Care patients were reported as having regular Medicaid, or had the private carrier recorded as the primary payer source and Medicaid as the Secondary payer source. Instead, the precise Medicaid Managed Care payer source codes (codes 104-118) should have been reported.

Some of the imprecisely reported payer sources and use of the "other" categories were a result of the unavailability of specific payer sources used for hospital reporting, in particular for new insurer plans. As a direct result of the analysis, payer codes were extensively revised and expanded. We expect that the payer source data should become even more accurate with hospital use of the new payer code choices, effective for hospital reporting on October 1, 1997.

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY1998 Verification Report Responses
2. Summary of Reported Discrepancies by Category
3. Data Discrepancies and Correction Responses Received from Hospitals
4. Hospitals with Special Circumstances

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

ID	Hospital Name	'A'	'B'	None	Comments
2006	Anna Jaques	X			
2226	Athol Memorial	X			
2073	Atlanticare Medical Ctr.	X			
2339	Baystate Medical Center		X		Explanation received.
2313	Berkshire Medical Ctr. – Berkshire Campus	X			
2231	Berkshire Medical Ctr. – Hillcrest Campus	X			
2069	Beth Israel Deaconess Med. Ctr. – East & West Campuses	X			
2307	Boston Medical Ctr-BCH	X			
2084	Boston Medical Center – University	X			
2060	Boston Reg. Med. Ctr.	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance – Cambridge Hospital Campus			X	Response form not received
2001	Cambridge Health Alliance – Somerville			X	Response form not received
2135	Cape Cod Health Systems – Cape Cod	X			
2289	Cape Cod – Falmouth	X			
2114	Caritas Norwood	X			
2856	Caritas Southwood	X			
2003	Carney Hospital	X			
2139	Children's Medical Ctr.	X			
2126	Clinton Hospital	X			
2020	Columbia MetroWest – Framingham Campus	X			
2039	Columbia MetroWest – Natick Campus	X			
2155	Cooley Dickinson	X			
2335	Dana Farber	X			
2054	Deaconess-Glover	X			
2298	Deaconess-Nashoba	X			
2067	Deaconess-Waltham	X			
2018	Emerson Hospital	X			

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

DPH #	Hospital Name	'A'	'B'	None	Comments
2052	Fairview Hospital	X			
2048	Faulkner Hospital		X		Explanation received
2120	Franklin Medical		X		Explanation received
2101	Good Samaritan Med. Center	X			
2038	Hallmark Health Care - Lawrence	X			
2041	Hallmark Health Care – Malden	X			
2058	Hallmark Health Care – Melrose Wakefield	X			
2046	Hallmark Health Care – Whidden	X			
2143	Harrington Hospital	X			
2131	Haverhill Hospital	X			
2034	Health Alliance – Burbank & Leominster Campuses	X			
2036	Heywood Hospital	X			
2225	Holy Family	X			
2145	Holyoke	X			
2157	Hubbard Regional	X			
2082	Jordan	X			
2033	Lahey Clinic Hospital	X			
2099	Lawrence General	X			
2040	Lowell General		X		Explanation received
2103	Marlborough	X			
2042	Martha's Vineyard	X			
2148	Mary Lane	X			
2167	Mass. Eye & Ear			N/A	Cautionary Use File
2168	Mass. General Hospital		X		Explanation received
2089	Med. Ctr. At Symmes	X			
2149	Mercy Hospital	X			
2105	Milford-Whitinsville		X		Explanation received Cautionary Use File
2227	Milton Hospital		X		Explanation received
2022	Morton	X			
2071	Mt. Auburn	X			
2044	Nantucket Cottage	X			
2059	N. E. Baptist		X		Explanation received
2299	N.E. Medical Center	X			

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' Verification Report Responses

DPH #	Hospital Name	'A'	'B'	None	Comments
2075	Newton-Wellesley	X			
2076	Noble	X			
2061	North Adams Regional	X			
2016	Northeast Health Syst. – Addison Gilbert	X			
2007	Northeast Health Syst. – Beverly Hospital	X			
2014	North Shore Medical Center & Salem Hosp.	X			
2150	Providence	X			
2151	Quincy Hospital	X			
2063	Saints Memorial Med. Ctr.	X			
2337	Southcoast – Charlton	X			
2010	Southcoast – St. Luke's	X			
2106	Southcoast – Tobey	X			
2107	South Shore Hospital	X			
2011	St. Anne's				Chose not to respond
2085	St. Elizabeth's		X		Explanation received
2128	St. Vincent	X			
2100	Sturdy Memorial	X			
2841	UMass. Memorial Health Care (University Campus)		X		Explanation received
2077	UMass. Memorial Health Care Memorial	X			
2091	Vencor – Boston		X	N/A	Unable to verify data due to use of different grouper
2171	Vencor – North Shore		X	N/A	Unable to verify data due to use of different grouper
2094	Winchester	X			
2181	Wing Memorial	X			

PART C. HOSPITAL RESPONSES
2. Summary of Reported Discrepancies by Category

LIST OF ERROR CATEGORIES

- Type of Admission
- Source of Admission
- Age
- Sex
- Race
- Payer
- Length of Stay
- Disposition
- Number of Diagnosis Codes Used Per Patient
- Month of Discharge
- DRGs
- Number of Procedure Codes Used Per Patient
- Accommodation Charges
- Ancillary Charges
- Top 20 Principle ECODES
- Top 20 DRGs/Rank Order
- Number of Discharges
- Top 20 MDCs/Rank Order

PART C. HOSPITAL RESPONSES

2. Summary of Reported Discrepancies by Category

Hospital	Type of Admission	Source of Admission	Age	Sex	Race	Payer
Baystate Medical Center					X	X
Faulkner Hospital	X	X	X	X	X	X
Franklin Med. Ctr.			X			X
Lowell General	X	X	X	X	X	X
Milford-Whitinsville						X
New England Baptist		X				
Umass. Memorial – University Campus						X

Hospital	Length of Stay	Disposition	# Diag. Codes	Month of Discharge	DRGs	# Proc. Codes
Baystate Medical Center		X			X	
Faulkner Hospital	X	X	X		X	X
Franklin Med. Ctr.					X	
Lowell General	X	X	X	X	X	X
Milton Hospital			X			X
St. Elizabeth's Med. Ctr.					X	
Vencor Hospitals (Boston & North Shore)					X	

PART C. HOSPITAL RESPONSES

2. Summary of Reported Discrepancies by Category

Hospital	Accommodation Charges	Ancillary Charges	Top 20 ECodes	Top 20 DRGs	# of Discharges	Top 20 MDCs
Baystate Medical Center	X	X			X	
Faulkner Hospital				X	X	X
Franklin Med. Ctr.	X	X	X	X		X
Lowell General	X	X	X	X	X	X
Mass. General		X				
Milford-Whitinsville					X	

PART C. HOSPITAL RESPONSES

3. Data Discrepancies and Correction Responses Received from Hospitals

Hospital Index

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

BAYSTATE HEALTH SYSTEMS (Baystate Medical Center)

Baystate Health Systems reported numerous data discrepancies in the following areas on behalf of Baystate Medical Center:

Race
Payer
Patient Disposition
DRGs
Accommodation Charges
Ancillary Charges
Number of Discharges

In addition, the hospital was unable to verify a number of other data elements including: Admission Source, DRGs with Version 12 Grouper, Top-20 DRGs/Rank Order, Top-20 Principal E-Codes, and Top-20 MDCs. Please see the following hospital submitted support documentation.

BMC Casemix Verification

NOTE: Grand total of all counts was 36 patients higher on State report than our data indicates. Our total for FY98 was 32,720; the State's reports show 32,756.

Admission Type – No significant differences in distribution.*

Admission Source – Unable to verify at this time.

Patient Age – No significant differences in distribution.*

Patient Sex – No significant differences in distribution.*

Patient Race –

Our American Indian and Asian amounts are not correct. It came to our attention just recently that Asian patients were being registered as American Indian for most of FY98.

Also, differences exist in counts for first 6 months of FY98.

Race Code	State Count	BMC Count
White	10,979	10,702
Unknown	2,794	2,771
Am. Indian	3,448	3,600
Hispanic	4,547	4,470

* "No significant differences in distribution" indicates there was less than 1% variation.

BMC Casemix Verification

Primary Payer – Differences greater than 1% exist in every category except Worker's Comp, Medicare, Other Govt, and POS.

Payer Code	State Count	BMC Count
Medicaid MC (B)	563	803
BX Mng. Care ©	3,685	2,753
PPO (E)	826	932
Medicare MC (F)	428	0
Unclassified	0	1,514
Other Non-MC (0)	864	0
Self Pay (1)	3,302	1,407
Medicaid (4)	4,699	6,403
Blue Cross (6)	1,486	2,421
Com Ins (7)	2,725	2,544
HMO (8)	4,673	1,170
Free Care (9)	3	0

Length of Stay – No significant differences in distribution.*

* "No significant differences in distribution" indicates there was less than 1% variation.

Patient Disposition – Within 1% tolerance level for categories Home, Chronic, Left Against Advice, Died. Differences exist, in most cases 2 categories offset eachother.

Disposition Code	State Count	BMC Count
2	225	247
12	12	0
possible offset	247	247
3 SNF	1,796	3,294
6 Home/Health	3,257	1,793
possible offset	5,053	5,087
5 Other	24	102
8 IV Therapy	43	0
11 Psych	36	0
possible offset	103	102

Number of Diagnosis Codes per Patient – No significant differences in distribution.*

Number of Procedure Codes per Patient – No significant differences in distribution.*

Discharge Month – No significant differences in distribution.*

DRG V8.1 – Disagreed on approx. 105 DRG counts. The largest deltas are listed below:

DRG	State Count	BMC Count
011	11	18
025	60	0
106	299	305
107	128	135
296	180	170
370	212	204
450	51	57
456	0	12
460	23	15

* "No significant differences in distribution" indicates there was less than 1% variation.

BMC Casemix Verification

DRG V8.1 - c*ontinued*

DRG	State Count	BMC Count
470	1	198
478	244	261
479	74	57
532	53	32
533	132	162
541	185	179
543	111	101

DRG V12 – Unable to verify at this time.

Accommodation Code

Code	Code	State Amounts	BMC Count
Total Charges	111	45,440,662	45,354,692
Total Days	111	81,660	81,505

Ancillary Services

Code	Code	State Amounts	BMC Count
Total Charges	250	18,832,516	18,812,009
Total Days	250	32,237	32,202
Total Charges	260	8,261,594	8,244,540
Total Days	260	23,206	23,181
Total Charges	270	62,081,411	62,034,058
Total Days	270	22,998	22,969
Total Charges	300	26,389,205	26,338,685
Total Days	300	30,060	30,023
Total Charges	320	9,667,068	9,647,552
Total Days	320	14,768	14,741

Remainder of categories have not yet been confirmed by BMC (e.g. Top 20 DRG, Ecodes, MDCs). We will verify them and forward you the results ASAP.

BMC Casemix Verification Addendum

Top 20 DRGs: All except the childbirth related codes seem to be within our 1% margin for error. The childbirth DRGs:

DRG	State Count	BMC Count
629	4185	4391
628	307	146
627	246	131
Total	4738	4668

Top 20 MDCs excluding 468-470
The list provided by the state has the same MDC codes we do, with the exception of code 98 and 99 which we do not have on our report at all. There were quite a few differences greater than the 1% tolerance as well.

MDC	State Count	BMC Count
5	5522	5566
4	2272	2325
6	2192	2213
1	1623	1703
19	1123	1104
16	335	349
3	316	326
24	222	210
99	146	0
25	72	115
98	52	0

Top 20 MDCs including 468-470

MDC	State Count	BMC Count
19	1126	1104
24	222	210
9	542	534
25	72	115

Top 20 Ecodes
Unfortunately still unable to verify at this time.

Total Discharges
Differed by 36 patients (state count 32,756/BMC count 32,720).

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

FAULKNER HOSPITAL

Faulkner Hospital reported discrepancies in the following categories:

Admission Type
Admission Source
Age Categories
Patient Sex
Patient Race
Payer
Length of Stay
Patient Disposition
Number of Diagnosis Codes per Patient
Number of Procedure Codes per Patient
DRG Listing (AP V8.1)
20 DRGs with Most Total Discharges
MDCs Listed in Rank Order – Including DRGs 468-470
MDCs Listed in Rank Order – Excluding DRGs 468-470

Please refer to the following documentation.

FAULKNER HOSPITAL		
Category	**DHCFP DATA**	**Hospital Corrections**
Admit Type		
Emergency	5443	5444
Elective	777	775
Total	6231	6230
Admit Source		
Direct Physician Referral	1653	1652
Total	6231	6230
Age Categories		
70-74	580	579
75-84	1331	1332
>/=85	943	942
Total	6231	6230
Patient Sex		
Male	2757	2756
Total	6231	6230
Patient Race		
White	5548	5550
Other	40	39
Unknown	103	101
Total	6231	6230

FAULKNER HOSPITAL		
Category	**DHCFP DATA**	**Hospital Corrections**
Payor		
Self Pay	96	90
Medicare	2846	2857
Other Government	1	0
Blue Cross	303	295
Commercial Insurance	306	371
HMO	1470	1467
Free Care	129	123
Blue Cross Managed Care	129	127
Commercial Managed Care	8	1
PPO&Other Managed Care	162	107
Medicare Managed Care	545	543
Total	6231	6230
Length of Stay		
3 Days	961	960
Total	6231	6230
Patient Disposition		
Home	3113	3112
Total	6231	6230
Number of Diagnosis Codes per Patient		
1 Diagnosis	352	351
2 Diagnoses	719	718
3 Diagnoses	845	836
4 Diagnoses	829	832
5 Diagnoses	748	740
6 Diagnoses	674	675
8 Diagnoses	438	447
9 Diagnoses	1005	1009
Total	6231	6230
Number Procedure Codes		
One Procedure	2407	2406
Two Procedures	948	949
Total	6231	6230

FAULKNER HOSPITAL		
Category	**DHCFP DATA**	**Hospital Corrections**
DRG Listing (AP V8.1)		
DRG 79	114	113
127	225	226
132	117	118
154	4	3
174	39	38
332	2	1
127	225	226
468	12	13
540	67	69
541	63	62
543	18	17
544	54	53
552	35	36
585	20	21
Total	6231	6230
Top 20 DRGs With Most Total Discharges		
DRG 79	114	113
127	225	226
132	117	118
540	67	69
MDCs Listed / Rank Order Including DRG 468-470		
MDC 11	231	230
MDCs Listed / Rank Order Excluding DRG 468-470		
MDC 11	227	226
98	12	11

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

FRANKLIN MEDICAL CENTER

Franklin Medical Center reported discrepancies in the following categories:

Age
Payer Type
DRGs (V8.1)
DRGs (V12.0)
Accommodation Charges
Ancillary Charges
Top 20 Principle E-Codes
Top 20 DRGs/Rank Order
Top 20 MDCs/Rank Order

Please refer to the following documentation.

FRANKLIN MEDICAL CENTER		
Category	**DHCFP DATA**	**Hospital Corrections**
Age		
15-20	209	196
65-69	312	293
70-74	388	401
75-84	988	971
85+	530	576
Payer Type		
Medicaid Managed Care	25	144
Medicaid	23	411
Self-Pay	749	242
DRG Listing (AP V8.1)	Examples provided by hospital	
DRG 014	85	101
127	186	196
132	98	80
133	4	21
DRG Listing (AP V12.0)	Examples provided by hospital	
DRG 89	190	52
127	183	196
174	45	60
Ancillary Codes		
220	36	14
230	228	62
260	0	5
460	846	864
720	815	826
730	2693	2869
900	0	25
950	0	217
990	0	6

FRANKLIN MEDICAL CENTER		
Category	**DHCFP DATA**	**Hospital Corrections**
Ancillary Charges by Code		
220	$9,091	$4,922
230	$268,648	$47,689
260	$0	$193
460	$232,825	$238,603
720	$847,566	$850,544
730	$1,205,061	$1,293,262
900	$0	$11,169
950	$0	$128,227
990	$0	$2,087
Top 20 DRGs		
DRG 14	95	101
79	0	52
88	85	87
89	198	204
127	186	198
132	109	80
174	0	60
182	59	0
359	63	60
416	54	0
629	538	528

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

LOWELL GENERAL HOSPITAL

Lowell General Hospital found discrepancies in ***all*** areas as a result of total discharges for the fiscal year being understated by 146 discharges. This was due to complications arising from the hospital undergoing a major systems conversion/upgrade. Consequently, discharges are short by 146, and total patient days are short by 486. Please see text of letter from hospital which follows.

Lowell General Hospital Letter - March 25, 1999

We have reviewed the FY 1998 Casemix Verification Report for Lowell General Hospital. There are discrepancies in all areas as a result of total discharges for the fiscal year being understated by 146 discharges. In July of 1998, Lowell General underwent a major upgrade to its computer systems. Due to several system problems, the upgrade did not go smoothly. We had sent a casemix tape for the fourth quarter of FY1998 with the best available data possible. We are sure that the total number of discharges reported on the tape are short by 146 and patients days are short by 486. However, we are unable to determine the detailed data elements involved such as type and source of admission, accommodation, race, etc. in a timely manner. Therefore, at this time we are unable to resubmit a revised tape with corrections. I apologize for this, yet it cannot be helped.

It is important that a footnote be added to the Documentation Manual which accompanies all copies of the interim database purchased by the public explaining the inaccuracy and unreliability of Lowell Generals' fourth quarter data for FY1998.

The system problems have been resolved here at Lowell General and all casemix tapes submitted from October 1998 will contain accurate data. If you have any questions, please call Kathryn Manusco at 978-937-6422.

Sincerely,
Ed Bianco
Chief Information Officer

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital found errors in their billing system which incorrectly placed Physical Therapy charges in the Respiratory Therapy department. Please see text of letter from Partners Health as follows:

Partners Health Letter - January 28, 1999

We have reviewed the FY 98 Final Casemix Verification Report and found an error in the Ancillary Services Information report. The error, which originated on our billing system, attributes physical therapy charges to the Respiratory Services area. Physical Therapy charges were reported erroneously as revenue code 412.

We do not plan to resubmit data, but we wanted to explain the absence of physical therapy charges in our data.

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

MILFORD-WHITINSVILLE HOSPITAL

Milford-Whitinsville Hospital found discrepancies, and consequently made revisions, in their number of discharges by payer. Please see the following letter and supporting documentation from hospital.

Milford-Whitinsville Hospital Letter – February 5, 1999

Please note below that Milford-Whitinsville Regional Hospital is revising the number of discharges by payor in response to the attached letter and page 6 of the casemix report. There is a shift of 399 discharges between Medicaid Managed and HMO as indicated below. In the future tapes, this discrepancy will be resolved.

Payor Type	Q1/2	Q3	Q4	Total
HMO	950	463	505	1,918
Medicaid Mngd	1,389	641	580	2,610

PART C. HOSPITAL RESPONSES
4. Data Discrepancies and Correction Responses Received from Hospitals

MILTON HOSPITAL

Milton Hospital found discrepancies between their data and DHCFP data on file for the number of Diagnosis Codes per Patient and the number of Operative Procedure Codes per Patient. They submitted the attached documentation to support their claim.

MILTON HOSPITAL		
Category	**DHCFP DATA**	**Hospital Corrections**
Number Diagnosis Codes	For the period from Oct. 1, 1997 – Sept. 30, 1998	
1 Diagnosis	229	216
2 Diagnoses	389	367
3 Diagnoses	501	481
4 Diagnoses	549	517
5 Diagnoses	582	570
6 Diagnoses	508	507
7 Diagnoses	397	399
8 Diagnoses	338	345
9 Diagnoses	607	230
10 Diagnoses	0	174
11 Diagnoses	0	127
12 Diagnoses	0	68
13 Diagnoses	0	43
14 Diagnoses	0	20
15 Diagnoses	0	15
16 Diagnoses	0	11
17 Diagnoses	0	7
18 Diagnoses	0	1
20 Diagnoses	0	1
21 Diagnoses	0	1
Totals	4100	4100

MILTON HOSPITAL		
Category	**DHCFP DATA**	**Hospital Corrections**
Number of Operative Procedure Codes/Patient	For the Period from October 1, 1997 – Sept. 30, 1998	
Zero (0)	2080	2080
One Operative Code	229	1114
Two Operative Codes	389	501
Three Operative Codes	501	248
Four Operative Codes	549	86
Five Operative Codes	582	34
Six Operative Codes	508	20
Seven Operative Codes	397	10
Eight Operative Codes	338	3
Nine Operative Codes	607	1
Ten Operative Codes	0	2
Twelve Operative Codes	0	0
Thirteen Operative Codes	0	1
Fifteen Operative Codes	0	0
Total	0	4100

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

NEW ENGLAND BAPTIST HOSPITAL

New England Baptist Hospital found discrepancies in their Source of Admission category for the first 3 quarters of FY 1998. This discrepancy in data was corrected for their fourth quarter however. They submitted the following letter of explanation.

New England Baptist Hospital Letter – February 19, 1999

I have reviewed the Casemix Verification Report and examined the edit reports for each quarterly submittal of case mix data from New England Baptist Hospital. One data field from the first quarter through the third quarter tape has consistently been reported as an edit problem. That field is Source of Admission. The problem was corrected for the fourth quarter tape submission. However, since I know this data is inaccurate for the first three quarters, I could not in good conscience verify all data in the Verification Report as accurate. I have to qualify the data in the Source of Admission field, which prompts me to consider it a discrepancy on the FY1998 Final Casemix Verification Report Response Form.

Sincerely,
Wayne O. Swift
Reimbursement Manager

ST. ELIZABETH'S MEDICAL CENTER

St. Elizabeth's Hospital was not able to verify their E-Code listing or their listing of Major Diagnostic Categories. In addition, DRGs could not be validated on the AP Grouper Version 12.0. The text of the hospital's letter of explanation is as follows:

February 24, 1999

In response to your request to verify the St. Elizabeth's Hospital merged case mix/billing data for FY1998 we have validated the data. We found the general statistical data to be consistent with the internal reports generated by the hospital. We were not able to verify the E-Code listing nor the MDC listing.

The DRG counts based on the AP Grouper Version 12.0 could not be verified, however, we found a number of discrepancies with the DRG counts based on the AP Grouper Version 8.1. Specifically, DRG 79 is 8 higher than our internal reports for the period 4/1/98-9/30/98; DRG 89 is 6 higher than internal reports for the period 4/1/98-9/30/98; and DRG 540 is 8 lower than internal reports for the period 4/1/98-9/30/98. In addition, DRG 639 does not appear on the verification report while internal reports indicate 6 cases.

As you are aware, it is essential to recognize in any use of this information that it is not correct to make comparisons with similar data in other St. Elizabeth's Hospital reports or with similar data from other hospitals, without first reconciling all data. We appreciate this opportunity to validate these data and to comment on their limitations.

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

UMASS/MEMORIAL HEALTH CARE (UNIVERSITY CAMPUS)

UMass. Memorial Health Care - University Campus was not able to verify admissions by payor type. Medicaid Managed Care admissions was overstated by 1,504 admissions and Medicaid was understated by 1,518 admissions.

PART C. HOSPITAL RESPONSES
3. Data Discrepancies and Correction Responses Received from Hospitals

VENCOR HOSPITAL (BOSTON AND NORTH SHORE)

Vencor Hospital of Boston and Vencor Hospital of North Shore (Peabody) locations, were unable to verify the accuracy of their DRGs as they used the HCFA Grouper, where the Division used the AP-DRG Grouper. The text of the hospital's letter of explanation is as follows:

Vencor Hospital Letter - March 18, 1999

As per your recent telephone conversation with Rosalind Tryder, this is to notify you that the grouper used by Vencor (Boston and North Shore) is the HCFA grouper. It is our understanding that the Commonwealth of Massachuetts is using the AP-DRG grouper. As you mentioned to Roz, the State cannot mandate the use of a particular grouper.

Due to differences in the groupers, we will be unable to verify the accuracy of the DRG information. As you requested, we will note this on the quarterly report by checking off B instead of A.

Thank you for your assistance in this matter. If you have any questions or concerns, please feel free to contact either Roz or myself.

Sincerely,

Thomas Dowley
Assistant Administrator of Finance

PART C. HOSPITAL RESPONSES
4. Additional Information

Milford-Whitinsville Hospital informed the Division that their inpatient casemix data mistakenly contained Outpatient Observation data for the first two (2) quarters of fiscal year 1998. See the attached records submitted by the hospital for the period of October 1997 thru March 1998.

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
OCT.97	F	1	8988.52	261
OCT.97	M	1	6907.10	55
OCT.97	M	2	7548.40	758
OCT.97	F	1	866.57	139
OCT.97	F	1	1060.00	206
OCT.97	F	1	1310.89	138
OCT.97	F	1	1629.72	254
OCT.97	F	1	2434.13	143
OCT.97	M	1	3091.62	182
OCT.97	F	1	3306.47	143
OCT.97	M	1	7986.72	224
OCT.97	M	1	1065.60	243
OCT.97	F	1	3260.82	143
OCT.97	M	1	3975.41	132
OCT.97	F	1	6232.00	142
OCT.97	F	1	360.16	566
OCT.97	M	3	4482.92	21
OCT.97	F	2	2524.54	395
OCT.97	M	1	1528.20	422
OCT.97	F	1	2307.85	143
OCT.97	M	1	9250.07	398
OCT.97	M	1	2667.07	139
OCT.97	M	2	4121.59	65
OCT.97	M	1	3977.18	143
OCT.97	F	2	2360.89	776
OCT.97	F	1	3058.94	182
OCT.97	F	2	1507.52	773
OCT.97	M	2	3345.94	35
OCT.97	F	1	3850.69	395
OCT.97	M	1	807.46	260
OCT.97	F	1	676.12	383
OCT.97	F	1	2804.95	143
OCT.97	F	1	5164.03	381
OCT.97	F	1	826.86	294
OCT.97	F	1	1051.71	383
OCT.97	F	2	1987.86	298

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
OCT.97	M	1	1363.81	139
OCT.97	F	1	4114.25	143
OCT.97	F	1	2226.46	445
OCT.97	M	1	928.43	139
OCT.97	M	1	1588.19	206
OCT.97	M	2	2310.55	566
OCT.97	F	2	2319.30	574
OCT.97	F	1	380.59	422
OCT.97	F	1	760.89	535
OCT.97	M	1	3264.63	138
OCT.97	F	1	1766.67	139
OCT.97	F	1	1493.02	296
OCT.97	M	2	3001.13	132
OCT.97	F	1	3381.00	397
OCT.97	M	1	1356.64	395
OCT.97	F	1	906.00	206
OCT.97	M	1	3703.58	178
OCT.97	F	1	1088.11	384
OCT.97	F	2	2916.41	35
OCT.97	M	2	1901.38	279
OCT.97	M	1	1975.12	140
OCT.97	F	1	1611.59	140
OCT.97	M	1	2216.71	141
NOV.97	M	1	5517.20	53
NOV.97	F	1	1441.80	296
NOV.97	M	1	2576.65	182
NOV.97	F	1	5234.33	256
NOV.97	F	1	2842.13	369
NOV.97	M	1	484.00	779
NOV.97	F	2	2230.30	430
NOV.97	F	1	2901.29	183
NOV.97	F	1	1561.27	369
NOV.97	F	1	1443.23	421
NOV.97	M	1	2996.65	182
NOV.97	F	2	6359.22	143
NOV.97	F	2	2497.35	628
NOV.97	F	1	3074.29	369

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
NOV.97	M	1	2722.42	139
NOV.97	F	1	2587.13	544
NOV.97	M	2	2343.36	777
NOV.97	M	1	261.09	70
NOV.97	F	1	6435.36	324
NOV.97	F	1	2435.50	139
NOV.97	F	1	760.28	297
NOV.97	M	1	2744.39	89
NOV.97	M	1	4115.40	15
NOV.97	F	1	1054.00	298
NOV.97	F	1	642.00	298
NOV.97	F	1	1137.10	775
NOV.97	F	1	192.65	775
NOV.97	F	1	2655.58	143
NOV.97	F	1	4762.33	252
NOV.97	F	1	3043.41	182
NOV.97	M	1	1109.17	464
NOV.97	F	1	7786.57	198
NOV.97	F	1	4293.90	198
NOV.97	F	1	3699.12	294
NOV.97	M	1	2250.78	142
NOV.97	F	1	3345.76	127
NOV.97	F	1	2965.70	143
NOV.97	M	1	3037.60	421
NOV.97	F	1	1968.73	127
NOV.97	F	1	532.53	298
NOV.97	F	2	5136.23	88
NOV.97	M	1	1841.97	174
NOV.97	M	2	2407.60	127
DEC.97	F	1	6080.61	198
DEC.97	F	1	1075.65	206
DEC.97	M	2	4219.81	182
DEC.97	F	1	2352.00	384
DEC.97	F	1	3077.74	143
DEC.97	M	1	675.53	278
DEC.97	M	1	2703.87	296
DEC.97	F	1	4400.14	143

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
DEC.97	M	2	2099.73	143
DEC.97	F	1	2220.39	207
DEC.97	M	1	2838.09	100
DEC.97	M	1	1157.53	279
DEC.97	F	1	2905.04	182
DEC.97	F	1	2540.20	628
DEC.97	F	1	1882.24	183
DEC.97	F	1	2384.46	294
DEC.97	F	1	887.28	383
DEC.97	F	1	1059.93	175
DEC.97	F	1	1599.38	143
DEC.97	F	4	4771.54	775
DEC.97	M	2	2595.01	775
DEC.97	M	1	1186.00	777
DEC.97	F	1	2266.80	142
DEC.97	F	1	2537.05	97
DEC.97	F	2	1610.00	630
DEC.97	F	1	559.02	403
DEC.97	M	2	5579.69	143
DEC.97	F	1	2766.10	143
DEC.97	F	2	4792.38	133
DEC.97	F	1	3018.00	183
DEC.97	M	1	2471.95	183
DEC.97	F	1	3666.35	126
DEC.97	M	1	547.23	139
DEC.97	F	1	2664.42	138
DEC.97	F	1	1846.27	419
DEC.97	F	1	2580.74	97
DEC.97	M	1	1222.08	298
DEC.97	M	2	5296.40	243
DEC.97	M	1	2073.40	139
DEC.97	M	1	2299.40	141
DEC.97	M	1	1455.83	773
DEC.97	F	1	2353.39	132
DEC.97	F	2	502.32	277
DEC.97	F	1	1947.15	395
DEC.97	F	1	275.08	775

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
JAN.98	F	2	3859.86	89
JAN.98	M	2	2188.00	775
JAN.98	M	1	4677.61	144
JAN.98	F	1	3013.29	142
JAN.98	M	1	2879.53	252
JAN.98	F	1	2557.27	139
JAN.98	F	1	7510.14	24
JAN.98	F	1	1844.44	182
JAN.98	M	1	3261.05	447
JAN.98	F	1	865.30	297
JAN.98	F	1	831.31	384
JAN.98	F	2	1627.71	278
JAN.98	M	1	1621.00	139
JAN.98	F	1	2529.26	100
JAN.98	F	2	3357.95	174
JAN.98	F	1	1373.67	183
JAN.98	F	2	2401.95	775
JAN.98	M	1	2861.05	88
JAN.98	F	1	1882.31	73
JAN.98	F	1	2729.71	15
JAN.98	F	1	2565.59	143
JAN.98	M	1	1878.30	395
JAN.98	F	2	4464.78	178
JAN.98	F	1	2257.21	133
JAN.98	M	1	1616.46	776
JAN.98	M	1	6689.84	249
JAN.98	F	2	4180.12	207
JAN.98	F	1	1713.90	284
JAN.98	F	1	1760.88	383
JAN.98	F	1	3696.20	180
JAN.98	M	1	5504.57	395
JAN.98	M	1	911.92	206
JAN.98	F	2	2426.22	773
JAN.98	M	1	1525.20	143
JAN.98	F	2	4178.44	320
JAN.98	F	1	818.62	298
JAN.98	M	1	1524.88	425

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
JAN.98	M	1	557.66	566
JAN.98	F	2	3736.47	183
JAN.98	F	1	2203.58	143
JAN.98	F	3	3374.34	88
JAN.98	M	1	1575.88	395
JAN.98	M	1	2170.60	143
JAN.98	M	2	3027.87	397
JAN.98	F	1	1472.55	425
JAN.98	M	2	5346.89	421
JAN.98	F	1	1116.95	297
JAN.98	M	2	1944.66	773
JAN.98	F	1	3053.45	777
JAN.98	M	1	1935.24	100
JAN.98	M	1	1553.65	127
JAN.98	M	1	2920.17	143
FEB.98	M	1	1344.44	127
FEB.98	M	1	364.00	775
FEB.98	M	1	993.65	241
FEB.98	F	1	590.09	422
FEB.98	F	1	552.00	298
FEB.98	M	1	560.67	71
FEB.98	F	1	1086.17	422
FEB.98	F	1	1005.52	298
FEB.98	M	1	2636.64	143
FEB.98	F	1	2552.32	96
FEB.98	F	1	2758.97	141
FEB.98	F	1	2455.21	183
FEB.98	M	1	5010.61	52
FEB.98	M	1	1069.97	422
FEB.98	M	3	3169.17	775
FEB.98	F	1	1595.13	775
FEB.98	F	1	541.00	298
FEB.98	F	1	2264.38	380
FEB.98	M	1	5312.47	134
FEB.98	F	1	1850.22	383
FEB.98	M	3	2957.48	417
FEB.98	M	1	2938.37	294

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
FEB.98	M	1	764.82	139
FEB.98	F	1	2164.38	88
FEB.98	M	1	2787.59	88
FEB.98	F	1	3941.92	139
FEB.98	F	1	753.92	278
FEB.98	M	1	2554.57	143
FEB.98	F	1	4370.46	297
FEB.98	M	1	4329.97	143
FEB.98	M	1	835.67	775
FEB.98	M	1	3378.63	139
FEB.98	M	1	2610.35	88
FEB.98	M	1	2998.65	143
FEB.98	M	1	2126.55	395
FEB.98	M	1	2833.84	175
FEB.98	M	1	219.02	448
FEB.98	M	2	3043.64	88
FEB.98	F	1	2519.55	143
FEB.98	F	1	3086.71	182
FEB.98	M	1	1341.27	139
FEB.98	M	1	1245.00	139
FEB.98	M	1	1383.74	537
FEB.98	F	2	1779.86	397
FEB.98	F	1	2143.94	142
FEB.98	F	1	583.00	379
MAR.98	F	7	5508.69	25
MAR.98	M	1	6004.66	339
MAR.98	F	1	1621.65	202
MAR.98	F	3	1665.67	183
MAR.98	F	1	977.55	70
MAR.98	F	1	4280.99	143
MAR.98	F	1	916.30	277
MAR.98	M	2	1802.17	298
MAR.98	F	1	1368.17	298
MAR.98	F	1	3131.65	139
MAR.98	F	1	7996.38	227
MAR.98	F	1	1732.76	183
MAR.98	F	1	386.00	298

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
MAR.98	M	1	936.15	568
MAR.98	M	1	4908.27	144
MAR.98	F	1	7172.23	223
MAR.98	M	1	3313.47	141
MAR.98	F	1	3534.97	140
MAR.98	M	1	1462.51	298
MAR.98	F	1	1496.46	206
MAR.98	M	1	1265.98	298
MAR.98	M	2	2316.20	138
MAR.98	F	1	2726.24	222
MAR.98	M	1	5362.72	421
MAR.98	M	1	1379.46	206
MAR.98	F	2	4022.34	24
MAR.98	M	1	3359.64	183
MAR.98	F	1	2533.23	132
MAR.98	F	1	1846.36	369
MAR.98	F	1	1622.81	395
MAR.98	M	1	3298.40	142
MAR.98	F	2	2196.54	174
MAR.98	F	1	1000.46	205
MAR.98	F	2	1928.06	383
MAR.98	F	2	2056.20	143
MAR.98	M	1	2330.25	183
MAR.98	M	1	1443.73	139
MAR.98	M	1	3518.00	541
MAR.98	F	1	2989.48	544
MAR.98	M	1	1432.00	298
MAR.98	F	1	1566.61	395
MAR.98	F	1	837.25	383
MAR.98	F	1	2649.44	65
MAR.98	F	1	2089.85	138
MAR.98	F	2	1564.81	90
MAR.98	F	1	1839.00	183
MAR.98	M	1	2047.17	26
MAR.98	F	2	5249.87	183
MAR.98	M	1	3610.24	320
MAR.98	F	3	3026.47	298

MILFORD-WHITINSVILLE REGIONAL HOSPITAL Outpatient Observation Patients				
Month	**M/F**	**LOS**	**Charges**	**DRG**
MAR.98	F	3	7268.24	141
MAR.98	F	1	1283.46	775
MAR.98	M	1	2115.06	180
MAR.98	M	1	706.43	139
MAR.98	F	2	3730.48	395
MAR.98	M	1	1564.34	143
MAR.98	F	1	1093.75	383
MAR.98	F	1	1483.32	297
MAR.98	F	2	5350.85	365
MAR.98	F	1	3161.53	296
MAR.98	M	1	3115.70	35
MAR.98	M	1	2706.32	451
MAR.98	F	1	4863.48	15
MAR.98	F	1	735.00	372
MAR.98	F	1	1928.18	369
MAR.98	F	1	868.60	382
MAR.98	F	1	2824.53	143
MAR.98	M	1	2426.67	773
MAR.98	F	1	2259.34	88
MAR.98	F	1	1398.00	369
MAR.98	F	1	2117.63	182
MAR.98	F	1	2277.73	143

PART D. CAUTIONARY USE FILE

PART D. CAUTIONARY USE FILE

This file contains data from those hospitals for which DHCFP does not have four (4) quarters of acceptable data, as specified under Regulation 114.1 CMR 17.00.

The following two hospitals are included in the Cautionary Use File:

Mass. Eye & Ear Infirmary (DPH ID 2167):

Quarter One failed the edit program.

Please note that Quarter One failed primarily due to data missing for several revenue codes, units of service, and total charges. Invalid birth weight, and invalid attending and operating physician license numbers (i.e., Board of Registration in Medicine Number) were also noted. For their second quarter, several total charge errors also occurred, but the hospital was able to correct these errors and pass the edit procedure process.

Milford-Whitinsville Regional Hospital (DPH ID 2105):

Quarters One and Two passed the edit program. The hospital was placed in the cautionary use file, however, since it reported that a number of its outpatient observation cases were erroneously reported in the first and second quarter case mix data.

Outpatient observation data reported by month is as follows:

October 1997	59	January 1998	53
November 1997	43	February 1998	45
December 1997	45	March 1998	72

Please refer to Part C for specific additional information regarding Milford-Whitinsville's outpatient observation data.

PART E. **HOSPITALS NOT SUBMITTING DATA FOR FY 1998**

PART E. HOSPITALS NOT SUBMITTING DATA FOR FY1998

DHCFP is pleased to report that we do not have any information to include in this section of the manual this year. Data was received from all hospitals as required per Regulation 114.1 CMR 17.00.

PART F. SUPPLEMENTARY INFORMATION

Supplement I – Type A Errors & Type B Errors
Supplement II – Content of Hospital Verification Report Package
Supplement III – Profile: Hospital, Address, DPH Hospital ID Number
Supplement IV – Mergers, Name Changes, Closures & Conversions

Supplement I – Type A Errors & Type B Errors

TYPE 'A' ERRORS

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Patient Medical Record Number
Patient Sex
Patient Birth Date
Patient Over 100 Years Old
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payor Type
Claim Certificate Number
Secondary Payor Type
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I-IV)
Principal Procedure Code
Significant Procedure Codes (I-II)
Number of ANDs
Physical Record Count
Record Type 2x Count
Record Type 3x Count
Record Type 4x Count
Record Type 5x Count
Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Accommodations
Total Charges: Ancillaries
Total Charges: All Charges
Number of Discharges
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
Batch Counts (11, 22, 33, 99)

Supplement I – Type A Errors & Type B Errors - Continued

TYPE B ERRORS
Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight – Grams
Employer Zip Code
External Cause of Injury Code
Attending Physician Numbers (Hospital's Internal Number and Board of Registration in Medicine No.)
Operating Physician Numbers (Hospital's Internal Number and Board of Registration in Medicine No.)
Date of Principal Procedure
Date of Significant Procedures (I & II)

Supplement II

Contents of Hospital Verification Report Package

- Seven Page Frequency Distribution Report containing the following data elements:

  - Type of Admission
  - Source of Admission
  - Age
  - Sex
  - Race
  - Payor
  - Length of Stay
  - Disposition Status
  - Number of Diagnosis Codes Used per Patient
  - Month of Discharge
  - *DRGs
  - Number of Procedure Codes Used per Patient
  - Accommodation Charge Information
  - Ancillary Charge Information
  - Top 20 Principal E Codes
  - 20 DRGs With Most Total Discharges
  - MDCs Listed in Rank Order Including DRG (468-470)
  - MDCs Listed in Rank Order Excluding DRG (468-470)

- Verification Response Sheet: Completed by hospitals after data verification and returned to the Division of Health Care Finance and Policy.

NOTE: Hospital discharges were grouped with both All-Patient-DRG Groupers, Version 8.1 and Version 12.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification. Any discrepancies are documented in Part C.

Supplement III. Profile: Hospital, Address, DPH ID Number

Anna Jaques Hospital
25 Highland Avenue
Newburyport, MA 01950
DPH ID #: 2006

Athol Memorial Center
2033 Main Street
Athol, MA 01331
DPH ID #: 2226

AtlantiCare Medical Center
212 Boston Road
Lynn, MA 01904
DPH ID #: 2073

Baystate Medical Center, Inc.
759 Chestnut Street
Springfield, MA 01199
DPH ID #: 2339

Berkshire Health Systems – Berkshire Medical Center Campus
725 North Street
Pittsfield, MA 01201
DPH ID #: 2313

Berkshire Health Systems - Hillcrest Campus
165 Tor Court
Pittsfield, MA 01201
DPH ID #: 2231

Beth Israel Deaconess Medical Center
East & West Campus
330 Brookline Avenue
Boston, MA 02215
DPH ID #: 2069

Boston Medical Center – Boston City Hospital Campus
818 Harrison Avenue
Boston, MA 02118
DPH ID #: 2307

Boston Medical Center – University Hospital Campus
88 East Newton Street
Boston, MA 02118
DPH ID #: 2084

Supplement III – Profile: Hospital, Address, DPH Number

Boston Regional Medical Center
5 Woodland Road
Stoneham, MA 02180
DPH ID #: 2060

Brigham & Women's Hospital
10 Vining Street
Boston, MA 02115
DPH ID #: 2921

Brockton Hospital
680 Centre Street
Brockton, MA 02402
DPH ID #: 2118

Cambridge Health Alliance – Cambridge Hospital Campus
1493 Cambridge Street
Cambridge, MA 02139
DPH ID #: 2108

Cambridge Health Alliance - Somerville Hospital Campus
63 Beacon Street
Somerville, MA 02143
DPH ID #: 2001

Cape Cod Health Systems – Cape Cod
27 Park Street
Hyannis, MA 02601
DPH ID #: 2135

Cape Cod Health Systems – Falmouth
100 Ter Heun Drive
Falmoutb, MA 02540
DPH ID #: 2289

Caritas Norwood Hospital
800 Washington Street
Norwood, MA 02062
DPH ID #: 2114

Caritas Southwood Hospital
111 Dedham Street
Norfolk, MA 02056
DPH ID #: 2856

Supplement III – Profile: Hospital, Address, DPH Number

Carney Hospital
2100 Dorchester Avenue
Boston, MA 02124
DPH ID #: 2003

Children's Medical Center
300 Longwood Avenue
Boston, MA 02115
DPH ID #: 2139

Clinton Hospital
201 Highland Street
Clinton, MA 01510
DPH ID #: 2126

Columbia MetroWest Medical Center, Inc. – Framingham Campus
280 Irving Street
Framingham, MA 01702
DPH ID #: 2020

Columbia MetroWest Medical Center – Natick Campus
67 Union Street
Natick, MA 01760
DPH ID #: 2039

Cooley Dickinson Hospital, Inc.
30 Locust Street
Northhampton, MA 01061-5001
DPH ID #: 2155

Dana Farber Cancer Institute
44 Binney Street
Boston, MA 02115-6084
DPH ID #: 2335

Deaconess-Glover Hospital
148 Chestnut Street
Needham, MA 02192
DPH ID #: 2054

Deaconess-Nashoba Hospital
200 Groton Road
Ayer, MA 01432
DPH ID #: 2298

Deaconess-Waltham Hospital
Hope Avenue
Waltham, MA 02254-9116 - DPH ID #: 2067

Supplement III – Profile: Hospital, Address, DPH Number

Emerson Hospital
P.O. Box 9120
Concord, MA 01742-9120
DPH ID #: 2018

Fairview Hospital
29 Lewis Avenue
Great Barrington, MA 01230
DPH ID #: 2052

Faulkner Hospital
1153 Centre Street
Boston, MA 02130
DPH ID #: 2048

Franklin Medical Center
164 High Street
Greenfield, MA 01301 - DPH ID #: 2120

Good Samaritan Medical Center
235 North Pearl Street
Brockton, MA 002401
DPH ID #: 2101

Hallmark Health Care – Lawrence Memorial Hospital Campus
170 Governors Avenue
Medford, MA 02155
DPH ID #: 2038

Hallmark Health Care – Malden Hospital Campus
100 Hospital Road
Malden, MA 02148
DPH ID #: 2041

Hallmark Health Care – Melrose-Wakefield Hospital Campus
585 Lebanon Street
Melrose, MA 02176
DPH ID #: 2058

Hallmark Health Care – Whidden Memorial Hospital Campus
103 Garland Street
Everett, MA 02149
DPH ID #: 2046

Harrington Memorial Hospital
100 South Street
Southbridge, MA 01550-8002
DPH ID #: 2143

Supplement III – Profile: Hospital, Address, DPH Number

Haverhill Municipal Hale Hospital
140 Lincoln Avenue
Haverhill, MA 01830
DPH ID #: 2131

Health Alliance Hospital, Inc. – Burbank & Leominster Campuses
60 Hospital Road
Leominster, MA 01453
DPH ID #: 2034

Heywood Hospital
242 Green Street
Gardner, MA 01440
DPH ID #: 2036

Holy Family Hospital
70 East Street
Methuen, MA 01844
DPH ID #: 2225

Holyoke Hospital, Inc.
575 Beech Street
Holyoke, MA 01040
DPH ID #: 2145

Hubbard Regional Hospital
340 Thompson Road
Webster, MA 01570
DPH ID #: 2157

Jordan Hospital, Inc.
275 Sandwich Street
Plymouth, MA 02360
DPH ID #: 2082

Lahey Clinic Hospital
41 Mall Road
Burlington, MA 01805
DPH ID #: 2033

Lawrence General Hospital
One General Street – P.O. Box 189
Lawrence, MA 01842-0389
DPH ID #: 2099

Lowell General Hospital
295 Varnum Avenue
Lowell, MA 01854 - DPH ID #: 2040

Supplement III – Profile: Hospital, Address, DPH Number

Marlborough Hospital
57 Union Street
Marlborough, MA 01752
DPH ID #: 2103

Martha's Vineyard Hospital
P.O. Box 1477
Oak Bluffs, MA 02557
DPH ID #: 2042

Mary Lane Hospital
85 South Street
Ware, MA 01082
DPH ID #: 2148

Massachusetts Eye & Ear Infirmary
243 Charles Street
Boston, MA 02114
DPH ID #: 2167

Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
DPH ID #: 2168

Medical Center at Symmes
39 Hospital Road
Arlington, MA 02174
DPH ID #: 2089

Mercy Hospital
271 Carew Street
Springfield, MA 01102
DPH ID #: 2149

Milford-Whitinsville Hospital
14 Prospect Street
Milford, MA 01757
DPH ID #: 2105

Milton Medical Center
92 Highland Street
Milton, MA 02186
DPH ID #: 2227

Morton Hospital & Medical Center
88 Washington Street
Taunton, MA 02780 - DPH ID #: 2022

Supplement III – Profile: Hospital, Address, DPH Number

Mount Auburn Hospital
330 Mt. Auburn Street
Cambridge, MA 02138
DPH ID #: 2071

Nantucket Cottage Hospital
57 Prospect Street
Nantucket, MA 02554 - DPH ID #: 2044

New England Baptist Hospital
125 Parker Hill Avenue
Boston, MA 02120
DPH ID #: 2059

New England Medical Center
750 Washington Street
Boston, MA 02111
DPH ID #: 2299

Newton-Wellesley Hospital
2014 Washington Street
Newton, MA 02162
DPH ID #: 2075

Noble Hospital, Inc.
115 West Silver Street
Westfield, MA 01086-1634
DPH ID #: 2076

North Adams Regional Hospital
Hospital Avenue
North Adams, MA 01247
DPH ID #: 2061

Northeast Health Systems – Addison Gilbert Hospital
298 Washington Street
Gloucester, MA 01930
DPH ID #: 2016

Northeast Health Systems – Beverly Hospital
85 Herrick Street
Beverly, MA 01915
DPH ID #: 2007

Providence Hospital
1233 Main Street
Holyoke, MA 01040
DPH ID #: 2150

Supplement III – Profile: Hospital, Address, DPH Number

Quincy Hospital
114 Whitwell Street
Quincy, MA 02169
DPH ID #: 2151

Saints Memorial Medical Center
Hospital Drive
Lowell, MA 01852
DPH ID #: 2063

Salem Hospital
81 Highland Avenue
Salem, MA 01970
DPH ID #: 2014

Southcoast Health Systems - Charlton Memorial Hospital
Highland Avenue @ New Boston Road
Fall River, MA 02720
DPH ID #: 2337

Southcoast Health Systems – St. Luke's Hospital (New Bedford)
101 Page Street
New Bedford, MA
DPH ID #: 2010

Southcoast Health Systems – Tobey Hospital
101 Page Street
New Bedford, MA
DPH ID #: 2106

South Shore Hospital, Inc.
55 Fogg Road
South Weymouth, MA 02190
DPH ID #: 2107

St. Anne's Hospital
795 Middle Street
Fall River, MA 02721
DPH ID #: 2011

St. Elizabeth's Hospital
736 Cambridge Street
Boston, MA 02135 - DPH ID #: 2085

Supplement III – Profile: Hospital, Address, DPH Number

St. Vincent Hospital, Inc.
25 Winthrop Street
Worcester, MA 01604
DPH ID #: 2128

Sturdy Memorial Hospital
211 Park Avenue
Attleboro, MA 02703-0649
DPH ID #: 2100

University of Massachusetts Medical Center
120 Front Street
Worcester, MA 01608
DPH ID #: 2841

University of Massachusetts/Memorial Health Care
281 Lincoln Street
Worcester, MA 01605
DPH ID #: 2077

Vencor - Boston
1515 Commonwealth Avenue
Brighton, MA 02135
DPH ID #: 2091

Vencor – North Shore
(Formerly Transitional Hospital Corporation)
15 King Street
Peabody, MA 01960
DPH ID #: 2171

Winchester Hospital and Family Medical Center
41 Highland Avenue
Winchester, MA 01890
DPH ID #: 2094

Wing Memorial Hospital and Medical Center
40 Wright Street
Palmer, MA 01069-1187
DPH ID #: 2181

Supplement IV – Mergers, Name Changes, Closures & Conversions

MERGERS		
Original Entities	**New Corporation**	**Effective Date**
Lynn Hospital Union Hospital	Atlanticare Medical Center	1986
Berkshire Medical Center Hillcrest Hospital	Berkshire Health System	July 1996
Beth Israel Hospital Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty Rehab	Boston Medical Center Corporation	July 1996
Boston Hospital for Women Peter Bent Brigham Hospital Robert Breck Brigham Hospital	Brigham & Women's Hospital	Early 1980's
Cambridge Hospital Somerville Hospital	Cambridge Community Health Network	July 1996
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, Melrose-Wakefield Hospital & Whidden Memorial Hospital	Hallmark Health System, Inc.	January 1998
Burbank Hospital – Fitchburg Leominster Hospital	Health Alliance, Inc. (Burbank Campus & Leominster Campus)	November 1994
Lahey Hitchcock Clinic	Lahey Clinic Hospital	July 1998
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central MA	October 1989
Mercy Hospital Providence Hospital	Mercy Hospital	June 1997
Leonard Morse Hospital – Natick Framingham Union Hospital	MetroWest Medical Center	January 1992
Norwood Community Hospital Southwood Hospital	Caritas Norwood and Southwood Community Hospital	1998
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center, Inc.	October 1992

Supplement IV – Mergers, Name Changes, Closures & Conversions

MERGERS		
Original Entities	**New Corporation**	**Effective Date**
Charlton Memorial Hospital St. Luke's Hospital (New Bedford) Tobey Hospital	Southcoast Health System	June 1996
Memorial Health Care UMass. Medical Center	UMASS Memorial Medical Center	April 1999
Melrose Wakefield Hospital Whidden Memorial Hospital	Joined Lawrence Memorial and Whidden to form Hallmark Health	January 1998

Supplement IV – Mergers, Name Changes, Closures & Conversions

NAME CHANGES		
Original Name	**New Name**	**Comments**
Doctor's Hospital	AdCare	No longer acute care
Lynn Hospital	AtlantiCare Hospital	
Boston City/University Hospital	Boston Medical Center	
New England Memorial Hospital	Boston Regional Med. Ctr.	
Glover Memorial Hospital	Deaconess-Glover	
Nashoba Community Hospital	Deaconess-Nashoba Hospital	
Waltham/Weston Hospital	Deaconess-Waltham Hospital	
Central Hospital	Heritage Hospital	No longer acute care
Bon Secours Hospital	Holy Family Hospital	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
The Med. Ctr. Of Central MA, Inc.	Memorial Health Care	
MetroWest Medical Center, Inc.	Columbia MetroWest Med. Ctr.	
Quincy City Hospital	Quincy Hospital	
JB Thomas Hospital	Transitional Hospitals Corporation	Long term acute hospital
Transitional Hospitals Corp.	Vencor – North Shore	Long term acute hospital
Hahnemann Hospital	Vencor, Inc.	Long term acute hospital

Supplement IV – Mergers, Name Changes, Closures & Conversions

CLOSURES AND CONVERSIONS	
Amesbury Hospital	Closed
Boston Regional Hospital	Closed
Burbank Hospital	Closed
Fairlawn Hospital	Converted to Non-Acute Hospital
Goddard Hospital	Closed
Heritage Hospital	Converted to Non-Acute Hospital
Hunt Memorial Hospital	Closed, now only outpatient services
Ludlow Hospital	Closed
Malden Hospital	Closed
Mary Alley Hospital	Closed
Massachusetts Osteopathic Hospital	Closed
Parkwood Hospital	Closed
Sancta Maria Hospital	Converted to Nursing Home
St. John's & St. Joseph's	Closed and became Saints Memorial
St. Luke's Hospital in Middleborough	Closed
St. Margaret's Hospital for Women	Closed
Winthrop Hospital	Closed
Worcester City Hospital	Closed

Note: Subsequent to closure some hospitals may have re-opened for uses other than an acute hospital, e.g., health care center, rehabilitation hospital.

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Sequence Number (UHIN)
7. Days Between Stays

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the ***Accepted*** and ***Cautionary Use*** data file(s) at the beginning of this manual. Please refer to the Tape Specifications section and CD Specifications for further information.

Technical Documentation included in this section of the manual is as follows:

PART A. CALCULATED FIELD DOCUMENTATION
PART B. DATA FILE CONTENTS SUMMARY
PART C. REVENUE CODE MAPPINGS
PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
PART E. NUMERICAL SOURCE OF PAYMENT LIST

Physical specifications include items such as tape density and block size, and a description of the file structure.

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, UHIN Sequence Number and days between stays. Each description has three parts:

First is a description of any **conventions**. For example, how are missing values used?

Second is a **brief description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **detailed description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.

All dates of birth that are greater than the admission date are assumed to be in the previous century, with the exception of newborns. Because some newborns are assigned a day of admission previous to their date of birth it is practical to check the MDC before calculating age.

Any hundred years older flag that would result in a patient being more than 124 is ignored.

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date. A 100-years-old flag is used for patients that are over 100 years old. If a patient has been assigned to a newborn DRG than they are assigned an age of zero.

C) Detailed Description:

1) If the patient has already had a birthday for the year, their age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
2) If the result is negative (date of birth is assumed to be in the previous century) then 100 is added to the age.
3) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.
4) If the century code is equal to 1 and the age calculated so far is less than 25 then 100 is added to the age.

PART A. CALCULATED FIELD DOCUMENTATION
NEWBORN AGE

A) Conventions:

1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
2) Discharges that are not newborns have '99' in this field.

B) Brief Description

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description

1) If a patient is 1 year old or older, the age in weeks is set to '99'.
2) If a patient is less than 1 year old then:

a. Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
b. Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION
PREOPERATIVE DAYS

A) Conventions:

1. A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc.
2. Preoperative days are set to 0000 when preoperative days are not applicable.

B) Brief Description

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description

1. If there is no procedure date, or if the procedure date or admission date is invalid, then preoperative days are set to 0000.
2. Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION
LENGTH OF STAY (LOS) ROUTINE

A) Conventions

1. None

B) Brief Description

1. Length of Stay (LOS) is calculated by subtracting the first date from the second date.
2. Days are accumulated a year at a time, until both dates are in the same year. At this point the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

C) Detail Description

1. Convert the first date to a julian date, but in the same year as the second date. Again, the algorithm will count the number of days, a year at a time, between the two dates. This total is adjusted to the final value by adding the difference between the two dates, but the difference is calculated in the year of the second date. This becomes important when February 29 lies between the two dates.

2. The second date is converted to a julian date.
-- For example:
If the two dates are 03/10/83 and 03/01/84, then 03/10/83 becomes 84070 and 03/01/84 becomes 84061.
3. Initialize LOS to zero
Counting from the first date to the second date in years, add the correct number of days for each year until the year of the second date has been reached.

---- LOS = 0 then,
LOS = 0 + 366 (number of days between 03/10/83 and 03/01/84).

4. Using the last three digits of the julian date, subtract the first date from the second date and add the result to the LOS.

---- 061 – 170 = -9 (the negative number indicates that the anniversary of the first date is after the second date).

LOS = 366 + -9 = 375

PART A. CALCULATED FIELD DOCUMENTATION
LENGTH OF STAY (LOS) CALCULATION

A) Conventions

1. Same day discharges have a length of stay of 1 day.

B) Brief Description

1. Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date (and then subtracting LOA days). If the result is zero (for same day discharges), then the value is changed to one.

C) Detail Description

1. The length of stay is calculated using the LOS routine.
2. If the value is zero then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION
UHIN SEQUENCE NUMBER

A) Conventions

1. If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description

1. The Sequence Number is calculated using both the accepted and cautionary use files sorted together by UHIN, admission and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description

1. UHIN Sequence Number is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
3. If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
4. If a UHIN has 2 admissions on the SAME day, the discharge date is used as the secondary sort key.
5. Because the sequence number is calculated using the entire database rather than calculating the sequence number on the accepted file and then SEPARATELY calculating the sequence number on the cautionary use file, it may be necessary to read BOTH the accepted and cautionary use files in order to get all of a patient's re-admissions. (i.e., a patient is admitted to Somerville Hospital then transferred to Beth Israel. The sequence number is 1 for the first admission at Somerville Hospital and numbered 2 for the second admission at Beth Israel. However, Beth Israel is on the accepted file while Somerville Hospital is on the cautionary file.)

PART A. CALCULATED FIELD DOCUMENTATION
DAYS BETWEEN STAYS

A) Conventions

1. If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
2. If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description

The Days Between Stays is calculated using both accepted and cautionary use files sorted together by UHIN, admission date, then discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description

1. The Days Between Stays data element is calculated by sorting the entire database (both accepted and cautionary use files) by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
3. If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.
4. If a second occurrence of the UHIN is found, days between stays is calculated by finding the number of days between the previous discharge and the current admission date with the following caveats:
    a. if the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.
5. Step 4 is repeated, for all subsequent re-admissions, until the UHIN changes.
6. The routine, used to calculate Length of Stay, is also used to calculate days between stays.
7. If the discharge date on the first admission is the same as the admission date on the first RE-ADMISSION, days between stays is set to zero. This situation occurs for transfer patients as well as women admitted into the hospital with false labor.

PART B. DATA FILE CONTENTS SUMMARY

PART B. DATA FILE CONTENTS SUMMARY

This database is divided into 2 standard labeled IBM files for the following reason. Some of the hospitals have not been able to submit four quarters of acceptable data in time for the release. In an attempt to make it difficult to mistakenly treat hospitals with incomplete data like the other hospitals, we have separated these hospitals into two files. The first file contains hospitals whose data was accepted by the Commission. The second file contains hospitals whose data did not meet regulatory standards.

The first file contains municipal hospitals with a fiscal year beginning on July 1, and non-municipal hospitals which have a fiscal year beginning on October 1. All hospitals on this file contain two quarters worth of data.

The second file - referred to as the Cautionary Use File - contains data for two hospitals with unacceptable data. These are:

Mass. Eye & Ear Infirmary (DPH ID 2167):

Quarter One failed the edit program.

Please note that Quarter One failed primarily due to data missing for several revenue codes, units of service, and total charges. Invalid birth weight, and invalid attending and operating physician license numbers (i.e., Board of Registration in Medicine Number) were also noted. For their second quarter, several total charge errors also occurred, but the hospital was able to correct these errors and pass the edit procedure process.

Milford-Whitinsville Regional Hospital (DPH ID 2105):

Quarters One and Two passed the edit program. The hospital was placed in the cautionary use file, however, since it reported that a number of its outpatient observation cases were erroneously reported in the first and second quarter case mix data.

Outpatient observation data reported by month is as follows:

October 1997	59	January 1998	53
November 1997	43	February 1998	45
December 1997	45	March 1998	72

PART C. REVENUE CODE MAPPINGS

REVENUE CODE MAPPINGS
ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted which require use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:
250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:
270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

300 LABORATORY:
300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSITC RADIOLOGY:
320 General
321 Angiocardiograph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:
330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

NUCLEAR MEDICINE:
340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc Med Professional Fees

CAT SCAN:
350 General
351 Head Scan
352 Body Scan
359 Other

OPERATING ROOM:
360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

ANESTHESIOLOGY:
370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

BLOOD:
380 General
381 Packed Red Cells
382 Whole Blood
389 Other

BLOOD STORAGE, PROCESSING AND ADMINISTATION:
390 General
*** 391 Blood/Administration
399 Other

RESPIRATORY THERAPY:
410 General
412 Inhalation Services
413 Hyperbaric Oxygen Therapy
419 Other
976 Respiratory Therapy Professional Fees

PHYSICAL THERAPY:
420 General
429 Other
977 Physical Therapy Professional Fees

OCCUPATIONAL THERAPY:
430 General
439 Other
978 Occupational Therapy Professional Fees

SPEECH THERAPY:
440 General
449 Other
979 Speech Therapy Professional Fees

EMERGENCY ROOM:
450 General
459 Other
981 Emergency Room Professional Fees

PULMONARY FUNCTION:
460 General
469 Other

AUDIOLOGY:
470 General
471 Diagnostic
472 Treatment
479 Other

CARDIAC CATHETERIZATION:
480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

AMBULANCE:
540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

RECOVERY ROOM:
710 General
719 Other

LABOR AND DELIVERY:
720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

EKG/ECG:
730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

EEG:
740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

RENAL DIALYSIS:
800 General
801 Inpatient Hemodialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement in house
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis – self care
812 Peritoneal Dialysis – self care
813 Under Arrangement in house – self care
814 In Unit Lab – self care
880 Miscellaneous Dialysis
881 Ultrafiltration

KIDNEY ACQUISITION:
860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-relating living
866 Cadaver

PSYCHOLOGY AND PSYCHIATRY:
900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology / Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 Individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatric Professional Fees

OTHER:
280 Oncology
*** 490 Ambulatory Surgery
*** 499 Other Ambulatory Surgery
*** 510 Clinic
*** 511 Chronic Pain Center
*** 512 Dental Clinic
*** 519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room - General
709 Cast Room - Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor
920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Ophthalmology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

*** Please note:
These revenue centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis – Outpatient or home
830 Peritoneal Dialysis – Outpatient or home
840 Continuous Ambulatory Peritoneal Dialysis – Outpatient or home
850 Continuous Cycling Peritoneal Dialysis – Outpatient or home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source
***Please list under the specific carrier when possible

PART D. ALPHABETICAL SOURCE OF PAYMENT LIST
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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

PART E. NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

PART E. NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

PART E. NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

PART E. NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

PART E. NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC

** Supplemental Payer Source
*** Please list under the specific carrier when possible

PART E. NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC